COMPLAINT FORM

<u>Please type or print clearly below.</u> Return completed form to: Office of Inspector General, Division of Investigations, 32 West Randolph Street, Suite 1300, Chicago, IL 60601. Alternatively, you may fax the form to our office at (312) 814-5479. Our toll-free hotline number is (866) 814-1113.

Contact Information:

(Optional)

Name:				Date:				
SSN:		Date of Birth:		Age:	Se	ex:	□М	□F
Address:								
	Street Address							
	City,	State	Zip Coo	de				
Home Number:			Business Number:					
Other Number:			E-mail:					
Are you a State of Illinois Employee?				☐ Yes	☐ No			
If yes, which	ch agency:							
Is your complaint related to your state employment?				☐ Yes	☐ No			
		Complaint	t Information	on:				
Is your cor vendor of t	mplaint against a Stat the State?	(s), agency,	or 🗌 Yes	□ No*	r			
	r office lacks the au your complaint.	thority to review or						
If yes, plea	ase provide the name							
	vide as much detailed of the individual(s) as p							
Subject of	Complaint's Name:			Phone:				
SSN:		Date of Birth:		Approx. Age:		Sex:	□М	□F
Address:								
	Street Address							
	City,	State		Zip Code				
Have you f	filed a formal complai	nt with the agency?		□Yes	□No			

If yes, when did you file the complaint?								
Has your complaint been resolved?	□ No							
If yes, briefly summarize the results:								
Have you previously filed a complaint with the Office of Inspector General?								
If yes, please list any known case numbers:								
Is this complaint related to your previously filed OIG complaint?								
Are you requesting that your identity remain confidential?								
Summary of your complaint (please attach any available documentation in support of your complaint):								
Other persons who could be a witness to the comp	plaint you have alleged:							
Name	Any identifying information (DOB, SSN, Agency, Title, Telephone Number, etc.)							
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PLEASE COMPLETE AND MAIL FORM WITH S	UPPORTING DOCUMENTATION TO THE OFFICE OF							

PLEASE COMPLETE AND MAIL FORM WITH SUPPORTING DOCUMENTATION TO THE OFFICE OF INSPECTOR GENERAL, ATTENTION DIVISION OF INVESTIGATIONS, 32 WEST RANDOLPH STREET, SUITE 1300, CHICAGO, ILLINOIS 60601. YOU MAY ALSO FAX THE FORM TO (312) 814-5479. OUR TOLL-FREE HOTLINE NUMBER IS (866) 814-1113.